

# SUBPOENA

STATE OF TENNESSEE  
IN THE MATTER OF:

IN THE JUVENILE COURT FOR  
DAVIDSON COUNTY, TENNESSEE

FILE # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

You are hereby commanded to appear at the time, date and place specified for the purpose of giving testimony. **In addition**, if indicated, you are to bring the items listed. Failure to appear may be punished by fine and/or imprisonments as provided by law.

TIME: \_\_\_\_\_ DATE: \_\_\_\_\_ ITEMS TO BRING: \_\_\_\_\_

PLACE: **DAVIDSON COUNTY JUVENILE COURT**  
**100 WOODLAND STREET**  
**NASHVILLE, TENNESSEE 37213**

\_\_\_\_\_ Additional List of Items Attached

This subpoena is being issued on behalf of ☐ Plaintiff; ☐ Defendant; ☐ Other DATE ISSUED \_\_\_\_\_  
Party or Attorney requesting Subpoena:

Name \_\_\_\_\_

**VIC LINEWEAVER, CLERK**

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

\_\_\_\_\_  
**DEPUTY CLERK**

## RETURN OF SERVICE

Check one: ( 1. or 2. are for (the return of an authorized officer, attorney or other process server; return of an attorney or other process server must be sworn to; 3. is for the witness who will acknowledge service and requires the witness's signature which need not be sworn to.)

1. ☐ I certify that on the date indicated below I served a copy of this subpoena on the witness by:  
(a) Mail: \_\_\_first class \_\_\_certified  
(b) Sent to Metro Police Court Appearance Section  
(c) Personal service: \_\_\_gave to witness \_\_\_witness accepted service by phone, mailed copy to confirm  
(d) Left with \_\_\_\_\_, person of suitable age and discretion at: \_\_\_residence \_\_\_work place  
Name \_\_\_\_\_
2. ☐ I failed to serve a copy of this subpoena on the witness because: \_\_\_witness not found \_\_\_time expired \_\_\_other
3. ☐ I acknowledge being served with this subpoena on the date indicated below:

\_\_\_\_\_  
DATE OF SERVICE

\_\_\_\_\_  
SIGNATURE

Sworn to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of ☐ Notary ☐ Deputy Clerk

\_\_\_\_\_  
Commission Expires



Requests for ADA accommodation should be made to Administrative Services at 862-8000.